

S. No. 2
1-9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18197
State File No. _____
Registrar's No. **4515**

FILED MAY 2 1943 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Frisco Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME / **Fred Lawrence Hendrix**

3. (b) If veteran, **None** 3. (c) Social Security No. **702-03-9640**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Pearl Hendrix** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **July 25, 1898**
(Month) (Day) (Year)

8. AGE: Years **44** Months **9** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Niarrgua Missouri**
(City, town or county) (State or foreign country)

10. Usual occupation **Railroad Clerk**

11. Industry or business **Frisco Railroad**

12. Name **Samuel P. Hendrix**

13. Birthplace **Maries County Missouri**
(City, town or county) (State or foreign country)

14. Maiden name **Annie Luner**

15. Birthplace **Belleville Illinois**
(City, town or county) (State or foreign country)

16. (a) Informant **Mary Hendrix**

(b) Address **Springfield, Missouri**

17. (a) **Removal** (b) Date thereof **5/14/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**

(b) Address **4700 Washington Blvd.**

19. (a) **MAY 4 1943** (b) **J. P. Budack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Pacific**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
year **1943** hour **8** minute **5** A.M.

21. I hereby certify that I attended the deceased from **April 30**, 19 **43**, to **May 14** - 19 **43**
that I last saw him alive on **May 14** - 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis Cerebral Artery** Duration **12 days**

Due to **Arterio Sclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **85**

Major findings: Of operations **✓**

Of autopsy **Thrombosis Pulmonary Cerebral Artery**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Emmerseuden** (M. D. or other)

Address **4460 Laclede** Date signed **5/14/43**
St Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

JUN 17 1943

JUN 22 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.